

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2016
NAME OF PROVIDER OR SUPPLIER WOOD PRESBYTERIAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 520 OLD HIGHWAY 68 SWEETWATER, TN 37874		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS During annual recertification survey and complaint investigation of #37125, #37712, #38081, and #38549 conducted on 4/18/16 through 4/20/16, at Wood Presbyterian Home, no deficiencies were cited in relation to complaints under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	Personal Protective Equipment, including gowns, gloves, and masks, were placed outside resident (#134) room on 4/18/16. No other residents were in contact isolation on 4/18/16.	6/1/2016	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which	F 441	All staff will be in-serviced by June 1, 2016 on proper use and placement of Personal Protective Equipment outside the door of an isolation room. Charge Nurse and/or Case Manager will observe for compliance with resident placed in isolation for appropriate Personal Protective Equipment, including gowns, gloves, and masks, outside of an isolation room. Director of Nursing will monitor compliance. Director of Nursing will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shane Stephens

Administrator

5-3-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 04 2016

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F 441	<p>Continued From page 1</p> <p>hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation, and interview the facility failed to follow their policy and failed to provide appropriate personal protective equipment to visitors and staff at the facility to prevent the transmission of an infectious disease for 1 resident (#134) of 1 of 1 resident on contact isolation of 29 residents reviewed.</p> <p>The finding included:</p> <p>Review of the facility policy, Clostridium Difficile undated revealed " ...Objective...To provide all personnel with a guide in the care for residents with the diagnosis of C.[Clostridium] difficile and to prevent the transmission of Clostridium difficile to others ...Residents with diagnosis of C. difficile will be placed on contact precautions...All personnel, physician, technicians, students, and others must practice contact precautions...Visitors must be instructed in contact precautions prior to visitation with residents...Procedure... Initiate Contact precautions for symptomatic patients...personnel should wear gloves when entering resident's rooms...personnel should wear gowns if soiling of clothing is likely...equipment whenever possible</p>	F 441			

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F 441	<p>Continued From page 2 will be assigned to resident..."</p> <p>Medical record review revealed Resident #134 was admitted to the facility on 3/25/16 with diagnoses including Enterocolitis due to Clostridium Difficile, Dementia, Hypertensive Chronic Kidney Disease, and Chronic Kidney Disease.</p> <p>Medical record review of a Lab report dated 3/21/16 revealed the resident had a positive stool culture (stool specimens tested for toxins) for Clostridium Difficile (infectious bacteria that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon).</p> <p>Medical record review of a Physician Order dated 3/25/16, revealed an order for "...Standard Contact Isolation Precaution (wearing a gown and gloves to prevent the spread of infection by contact with bacteria or virus) D/T [due to] + [positive] C Diff [Clostridium Difficile]..."</p> <p>Medical record review of the resident's Care Plan dated 3/25/16, revealed Resident #134 was care planned for a self-care deficit related to effects of the disease process. Continued review revealed the resident was admitted with a diagnosis of Clostridium Difficile and was on contact isolation.</p> <p>Medical record review of the Admission Minimum Data Set (MDS) dated 4/1/16 revealed Resident #134 had a Brief Mental Status score of 5 indicating the resident was severely cognitively impaired. Continued review revealed the resident was incontinent of urine and bowel.</p> <p>Observation of Resident #134's room on 4/18/16</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER

WOOD PRESBYTERIAN HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

520 OLD HIGHWAY 68

SWEETWATER, TN 37874

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F 441	<p>Continued From page 3</p> <p>at 5:30 AM, on the Skilled Hall, revealed an orange sign on the resident's door with the instructions to report to the nurse's station before entering the room. Continued observation revealed no personal protective equipment (gowns, mask and gloves) available for use outside of the resident's room.</p> <p>Observation of Resident #134's room on 4/18/16 at 10:31 AM, on the Skilled Hall, revealed a box of gloves located in the resident's room on the wall behind the resident's door. Continued observation revealed no personal protective equipment readily available for use outside of the resident room for staff and visitors.</p> <p>Interview with License Practical Nurse #1 on 4/18/16 at 10:36 AM, on the Skilled Hall, outside of the resident's room, confirmed the staff did not don gowns when entering resident #134's room. Continued interview confirmed the staff did not don gloves prior to entrance into the resident's room. Further interview confirmed staff donned gloves once inside of the resident's room from the box of gloves located behind the resident's door. Continued interview confirmed there was no personal protection equipment outside of resident #134's room which would include disposable gowns and gloves for staff and visitors use upon entering the resident's room.</p> <p>Interview with the Director of Nursing on 4/18/16 at 11:28 AM, on the Skilled Hall, outside of Resident #134's room, confirmed the facility failed to have staff and visitors don gloves and gowns prior to entering the resident's room as was their policy. Continued interview confirmed the facility failed to provide and have readily available the appropriate personal protective equipment for</p>	F 441		

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F 441 Continued From page 4
staff and visitors use outside of the resident's
room to prevent the transmission of infections to
others.

F 441